

1999 DIRECT LOAN TRAINING REGISTRATION

Date: _____

Course Selected:

____ Direct Loan Overview Training

____ Direct Loan EDEExpress Software Training

____ Direct Loan Accounting Training

Participant's Name and Title:

____ Financial Aid Administrator

____ Owner

____ President

____ Vice President

____ Fiscal Officer

____ Other: _____

Phone #: _____ FAX #: _____

Contact Person:

(If other than participant)

INSTITUTION NAME: _____ OPE ID #: _____

ADDRESS:

CITY, STATE, ZIP:

LOCATION AND DATE SELECTION

PREFERENCE	LOCATION	DATE
1 st Choice		
2 nd Choice		
3 rd Choice		

- A separate **Registration Form** must be completed for each attendee.
- Please **type or print**, when completing this form.
- The Registration request **must be received at least three days before the session**.
- Registration requests will be scheduled in the order of receipt.
- **If you have questions or need to cancel/ reschedule**, call the contact at the site where you are interested in attending training.
- Send **Registration Form** to the contact at the site you plan to attend.

If you are in need of special accommodations/services during the training, please explain below:
